

KODA LAW OFFICE  
P.O. Box 10057  
Bainbridge Island, WA 98110



Atty. Docket No. 2.P59

Date February 28, 2003

4A4 2183/R

In re application of Kim et al.

Serial No. 09/519,695

Filed: March 7, 2000

Group Art Unit: 2183

I hereby certify that this is being deposited with the United States Postal Service as first class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on February 28, 2003 (Date of Deposit)

By Steven P. Koda  
Steven P. Koda

For: Method and apparatus for Compressing VLIW Instruction and Sharing Subinstructions

COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

RECEIVED

MAR 11 2003

Technology Center 2100

Sir:

Transmitted herewith is an "Amendment" for the above-identified application.

☐ Enclosed is a petition to extend the time to respond.

☐ Small entity status under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 is enclosed.

☒ Substitute page 16 of specification; Substitute declaration

☒ Petition to extend time to respond

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims After Amendment		No. Paid Before	No. Extra
Total	* <u>-15-</u>	Less	** 21	<u>-0-</u>
Indep	* <u>-03-</u>	Less	*** 5	<u>-0-</u>
<input type="checkbox"/>	First Time	Mult.	Dep.	Claims

SMALL	ENTITY
Rate	Add. Fee
x 09	\$ --
x 42	\$ --
+ 140	\$ --
Total	\$ --

Other than a SMALL	ENTITY
Rate	Add. Fee
x 18	\$ ---
x 84	\$ --
+ 280	\$ ---
Extension	\$ 110.00
Total	\$ 110.00

\* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.

Please charge my Deposit Account No. 11-1420 as follows:

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Number Paid Before" **IN THIS SPACE** is less than 20, write "20" **IN THIS SPACE**.

\*\*\* If the "Number Paid Before" **IN THIS SPACE** is less than 3, write "3" in this space.

The "Number Paid Before" (Total or Independent Claims) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No fee is due.

☒ Please charge my Deposit Account No. 11-1420 as follows:

☐ Claims fee \$  
☒ Extension Fee \$ 110.00  
☒ Any additional fees associated with this paper.

☐ A check for --- is enclosed

-2- copies of this sheet are enclosed.

Telephone:  
(206) 284-3692

Respectfully Submitted,  
KODA LAW OFFICE

Steven P. Koda 2/20/03  
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Reg. No.: 32,252  
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